

Attachment A

In-Network Medical Benefits Retiree Health Insurance Benefits				Current City Employee Health Benefits
Plan Feature	<u>BLUE PRIORITY</u> (network only)	<u>BLUE ACCESS</u> (In-network coverage)	<u>BLUE TRADITIONAL</u> Indemnity	<u>BLUE ACCESS PPO 80/20</u> (In Network coverage)
Annual Deductible	\$0	\$0	Single- \$50 Family- \$150	Single- \$300 Family- \$600
Annual Out-of-Pocket Maximum	n/l	Single- \$300 Family-\$600	Single- \$450 Family- \$450/person to \$1350	Single- \$1,500 Family- \$3,000
Copay	\$0	\$10	Must meet deductible	Must meet deductible
Enrollee Coinsurance for Physician Services	Office calls covered in full 0% Associated services	100% after copay 0% Associated services	80% after deductible maximum \$400 annually	80% after deductible maximum s-\$1,500/f-\$3,000
Enrollee Coinsurance for Hospital Services	\$0; covered in full	\$100 copay; covered in full	\$0; covered in full	80% after deductible
Preventive Services	mammography/PAP- covered in full wellness/preventive- covered in full	mammography/PAP- \$10 copay/fully covered; wellness/preventive- \$10 copay/full covered;	mammography/PAP-covered in full Member pays 20% to \$500 annually	mamographyPAP-covered in ful wellness/preventive- covered in full
2006 Self-Insured Monthly Premium for Benefit Recipients				
Premium	Non-Medicare Single- \$5.35 2 person- \$10.70 Family- \$10.90 Medicare Single- \$5.20 2 person- \$10.40 Family- \$10.90	\$0	\$0	Employee Per Month Single- \$13.18 Family- \$36.40
				Employee Per Year Single- \$158.16 Family- \$436.80
2006 Prescription Drug Benefits				
Retail				
Copay/Coinsurance	Generic- \$3 Brand- \$3	Generic- \$5 Brand- \$12	Generic- \$5 Brand- \$5	Generic- \$10 Brand- \$20 Non-formulary Brand- \$30
Mail Service				
Copay/Coinsurance	60 day Generic- \$6 60 day Brand- \$6 supplies for diabetes/asthma covered from 80% up to 100%	60 day Generic- \$5 60 day Brand- \$12 supplies for diabetes/asthma covered from 80% up to 100%	60 day Generic- \$10 60 day Brand- \$10 supplies for diabetes/asthma covered from 80% up to 100% fertility drugs covered @ 50% Non-network covered @ 50%	90 day Generic- \$20 90 day Brand- \$40 90 day Non-F Brand- \$60 supplies for diabetes/asthma covered from 80% up to 100%